



# TRAFFIC CRASH REPORT

|                       |   |                            |
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| LOCAL REPORT NUMBER * | CRASH SEVERITY                          | HIT/SKIP                   |
| 2013113146            | 3<br>1 - FATAL<br>2 - INJURY<br>3 - PDO | 1 - SOLVED<br>2 - UNSOLVED |

|  |   |   |                                  |   |                       |  |
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| PHOTOS TAKEN<br><input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | <input type="checkbox"/> PDD UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | REPORTING AGENCY NCIC *<br>83104 | REPORTING AGENCY NAME *<br>MASON POLICE | NUMBER OF UNITS<br>02 | UNIT IN ERROR<br>99<br>98 - ANIMAL<br>99 - UNKNOWN |
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| COUNTY *<br>83 | <input checked="" type="checkbox"/> CITY *<br><input type="checkbox"/> VILLAGE *<br><input type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP *<br>MASON | CRASH DATE *<br>05092013 | TIME OF CRASH<br>1551 | DAY OF WEEK<br>THU |
|----------------|---|------------------------------------|--------------------------|-----------------------|--------------------|

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| DEGREES / MINUTES / SECONDS<br>LATITUDE<br>39° 20' 41.12164" | LONGITUDE<br>78° 41' 18.44131946" | OR | DECIMAL DEGREES<br>LATITUDE<br>39.344749 | LONGITUDE<br>78.687332 |
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| ROADWAY DIVISION<br><input checked="" type="checkbox"/> DIVIDED<br><input type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br>E N - NORTHBOUND E - EASTBOUND<br>S - SOUTHBOUND W - WESTBOUND | NUMBER OF TRU Lanes<br>02 | ROAD TYPES OR MILEPOST <sup>2</sup><br>AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLAZA ST - STREET WA - WAY<br>AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE<br>BL - BOULEVARD DR - DRIVE LA - LAKE PI - PIKE SQ - SQUARE TL - TRAIL |
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|                                       |                          |                                   |                      |  |
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| LOCATION ROUTE NUMBER<br>Route Type 1 | LOC PREFIX<br>N, S, E, W | LOCATION ROAD NAME<br>TYLERSVILLE | LOCATION ROAD Type 2 | ROUTE TYPES <sup>3</sup><br>IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE<br>US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE<br>SR - STATE ROUTE |
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| DISTANCE FROM REFERENCE<br>MILES<br>FEET<br>YARDS<br>390 | DIR FROM REF<br>N, S, E, W<br>W | REFERENCE ROUTE TYPE 1 | REFERENCE ROUTE NUMBER | REF PREFIX<br>N, S, E, W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br>MASON MONTGOMERY | REFERENCE ROAD Type 2 |
|--|---------------------------------|------------------------|------------------------|--------------------------|--|-----------------------|

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| REFERENCE POINT USED<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER<br>1 | CRASH LOCATION<br>01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ROUNDBOAT<br>06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS | INTERSECTION RELATED<br><input checked="" type="checkbox"/> | LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>9 - UNKNOWN |
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| ROAD CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN<br>3 | ROAD CONDITIONS<br>PRIMARY<br>SECONDARY<br>01<br>01 | 01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE<br>05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS*<br>09 - RUT, HOLES, BUMPS, USEVEN PAVEMENT*<br>10 - OTHER<br>99 - UNKNOWN |
|--|---|---|

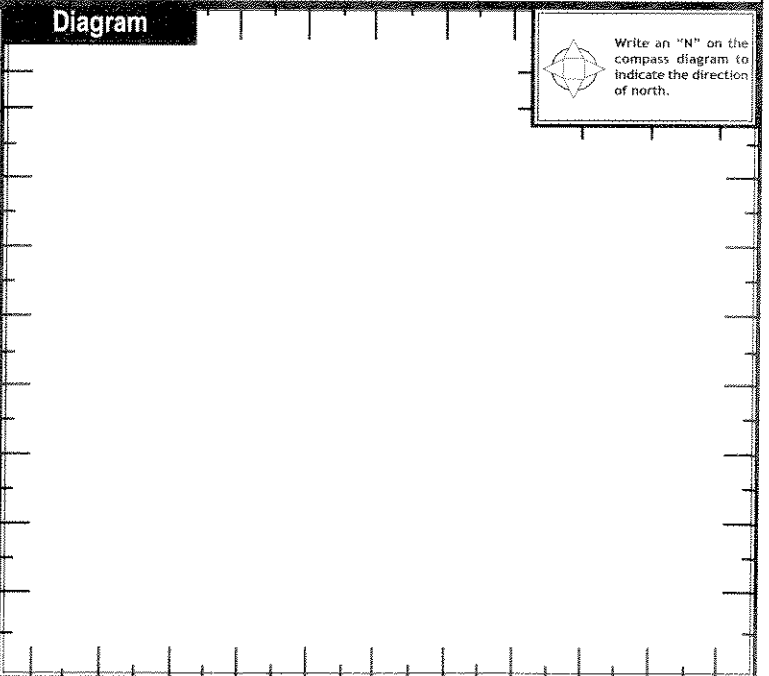
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| MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN<br>9 | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN<br>2 |
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| ROAD SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER<br>1 | LIGHT CONDITIONS<br>PRIMARY<br>SECONDARY<br>1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY<br>5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE*<br>8 - OTHER<br>9 - UNKNOWN<br>1 | SCHOOL BUS RELATED<br><input type="checkbox"/> SCHOOL ZONE RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
|---|--|--|

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| WORK ZONE RELATED<br><input type="checkbox"/> | WORKERS PRESENT<br><input type="checkbox"/> | LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> | LAW ENFORCEMENT PRESENT (VEHICLE DRIVER)<br><input type="checkbox"/> | TYPE OF WORK ZONE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |
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NARRATIVE

UNIT #01 WAS STOPPED IN TRAFFIC FACING EASTBOUND ON TYLERSVILLE RD. UNIT #02 WAS STOPPED IN FRONT OF UNIT #01. THE FRONT OF UNIT #01 AND THE REAR OF UNIT #02 COLLIDED IN AN UNKNOWN MANNER. DRIVER HAS DIFFERING STATEMENTS AS TO THE CAUSE OF THE CRASH.



|  |   |                                 |                             |                       |                      |                      |                                |                     |
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| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) | DATE CRASH REPORTED<br>05092013 | TIME CRASH REPORTED<br>1551 | DISPATCH TIME<br>1553 | ARRIVAL TIME<br>1559 | TIME CLEARED<br>1637 | OTHER INVESTIGATION TIME<br>30 | TOTAL MINUTES<br>74 |
| OFFICER'S NAME *<br>ERIC FITZGERALD  | OFFICER'S BADGE NUMBER<br>1037  | CHECKED BY<br>[Signature]       | PAGE 1 OF 4                 |                       |                      |                      |                                |                     |



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
 2015-13146

Motorist/Non-Motorist

|  |  |                             |   |                                  |   |                          |  |                    |                       |                     |
|--|--|-----------------------------|---|----------------------------------|---|--------------------------|--|--------------------|-----------------------|---------------------|
| UNIT NUMBER<br>011   | NAME: LAST, FIRST, MIDDLE<br>GUNDERMAN KAYLA JANEA | DATE OF BIRTH<br>04/21/1995 | AGE<br>18   | GENDER<br>F - FEMALE<br>M - MALE |   |                          |  |                    |                       |                     |
| ADDRESS, CITY, STATE, ZIP<br>5519 WOODVALLEY CT MASON OH 45040 |  |                             | CONTACT PHONE- INCLUDE AREA CODE<br>513-348-7574                          |                                  |   |                          |  |                    |                       |                     |
| INJURIES<br>1  | INJURED TAKEN BY                                   | EMS AGENCY                  | MEDICAL FACILITY INJURED TAKEN TO   | SAFETY EQUIPMENT USED<br>04      | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br>01   | AIR BAG USAGE<br>1                                 | EJECTION<br>1      | TRAPPED<br>1          |                     |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER<br>TX5054JJ                | OL CLASS<br>4               | <input type="checkbox"/> NO VALID OL<br><input type="checkbox"/> M/C END. | CONDITION<br>1                   | ALCOHOL/DRUG SUSPECTED<br>1                                 | ALCOHOL TEST STATUS<br>1 | ALCOHOL TEST TYPE<br>1                             | ALCOHOL TEST VALUE | DRUG TEST STATUS<br>1 | DRUG TEST TYPE<br>1 |
| OFFENSE CHARGED (LOCAL CODE)                                   |  | OFFENSE DESCRIPTION         |   |                                  | CITATION NUMBER   |                          | HANDS-FREE<br><input type="checkbox"/> DEVICE USED |                    | DRIVER DISTRACTED BY  |                     |

Motorist/Non-Motorist

|   |  |                             |   |                                  |   |                          |  |                    |                       |                     |
|---|--|-----------------------------|---|----------------------------------|---|--------------------------|--|--------------------|-----------------------|---------------------|
| UNIT NUMBER<br>012  | NAME: LAST, FIRST, MIDDLE<br>DUGGAN MEREDITH ANN | DATE OF BIRTH<br>08/21/1984 | AGE<br>28   | GENDER<br>F - FEMALE<br>M - MALE |   |                          |  |                    |                       |                     |
| ADDRESS, CITY, STATE, ZIP<br>6322 LUCEVA WAY MASON OH 45040 |  |                             | CONTACT PHONE- INCLUDE AREA CODE<br>513-280-2269                          |                                  |   |                          |  |                    |                       |                     |
| INJURIES<br>1   | INJURED TAKEN BY                                 | EMS AGENCY                  | MEDICAL FACILITY INJURED TAKEN TO   | SAFETY EQUIPMENT USED<br>04      | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br>01   | AIR BAG USAGE<br>1                                 | EJECTION<br>1      | TRAPPED<br>1          |                     |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER<br>SB294J76              | OL CLASS<br>4               | <input type="checkbox"/> NO VALID OL<br><input type="checkbox"/> M/C END. | CONDITION<br>1                   | ALCOHOL/DRUG SUSPECTED<br>1                                 | ALCOHOL TEST STATUS<br>1 | ALCOHOL TEST TYPE<br>1                             | ALCOHOL TEST VALUE | DRUG TEST STATUS<br>1 | DRUG TEST TYPE<br>1 |
| OFFENSE CHARGED (LOCAL CODE)                                |  | OFFENSE DESCRIPTION         |   |                                  | CITATION NUMBER   |                          | HANDS-FREE<br><input type="checkbox"/> DEVICE USED |                    | DRIVER DISTRACTED BY  |                     |

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| <b>INJURIES</b>  | <b>INJURED TAKEN BY</b>   | <b>SAFETY EQUIPMENT USED</b>   | <b>99 - UNKNOWN SAFETY EQUIPMENT</b>   | <b>Non-Motorist</b>   |
| 1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCARCERATING<br>4 - INCARCERATING<br>5 - FATAL | 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | <b>MOTORIST</b><br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED | 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM - REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED | 09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |

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| <b>SEATING POSITION</b>  | <b>07 - THIRD - LEFT SIDE (Motorcycle Side Car)</b>   | <b>12 - PASSENGER IN UNENCLOSED CARGO AREA</b>   | <b>AIR BAG USAGE</b>  |
| 01 - FRONT - LEFT SIDE (Motorcycle Driver)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (Motorcycle Passenger)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE | 08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (Tractor)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) | 13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |

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| <b>EJECTION</b>   | <b>TRAPPED</b>  | <b>OPERATOR LICENSE CLASS</b>   | <b>CONDITION</b>   | <b>ALCOHOL/DRUG SUSPECTED</b>   |
| 1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (NONE IN MD)<br>5 - M/C/END ONLY | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER |

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| <b>ALCOHOL TEST STATUS</b>   | <b>ALCOHOL TEST TYPE</b>                                      | <b>DRUG TEST STATUS</b>  | <b>DRUG TEST TYPE</b>                           | <b>DRIVER DISTRACTED BY</b>   |
| 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | 1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADAR, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |

Occupant

|                           |                           |               |                                   |                                  |   |                  |               |          |         |
|---------------------------|---------------------------|---------------|-----------------------------------|----------------------------------|---|------------------|---------------|----------|---------|
| UNIT NUMBER               | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE                               | GENDER<br>F - FEMALE<br>M - MALE |   |                  |               |          |         |
| ADDRESS, CITY, STATE, ZIP |                           |               | CONTACT PHONE- INCLUDE AREA CODE  |                                  |   |                  |               |          |         |
| INJURIES                  | INJURED TAKEN BY          | EMS AGENCY    | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED            | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

Occupant

|                           |                           |               |                                   |                                  |   |                  |               |          |         |
|---------------------------|---------------------------|---------------|-----------------------------------|----------------------------------|---|------------------|---------------|----------|---------|
| UNIT NUMBER               | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE                               | GENDER<br>F - FEMALE<br>M - MALE |   |                  |               |          |         |
| ADDRESS, CITY, STATE, ZIP |                           |               | CONTACT PHONE- INCLUDE AREA CODE  |                                  |   |                  |               |          |         |
| INJURIES                  | INJURED TAKEN BY          | EMS AGENCY    | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED            | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |



# UNIT

LOCAL REPORT NUMBER

20113113146

|  |   |  |                                  |                  |
|--|---|--|----------------------------------|------------------|
| UNIT NUMBER<br>011                                 | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)<br>DRITT JAMES P | OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER) | DAMAGE SCALE<br>2                | DAMAGED AREA<br> |
| OWNER ADDRESS: CITY, STATE, ZIP (☑ SAME AS DRIVER) |   |  | 1 - NONE                         |                  |
| LP STATE<br>OH                                     | LICENSE PLATE NUMBER<br>EJD5868                                     | VEHICLE IDENTIFICATION NUMBER<br>11M4B211Z68Y2J143474  | 2 - MINOR                        |                  |
| VEHICLE YEAR<br>2009                               | VEHICLE MAKE<br>TOYOTA  | VEHICLE MODEL<br>COROLLA                               | 3 - FUNCTIONAL                   |                  |
| VEHICLE COLOR<br>SILVER                            | PROOF OF INSURANCE SHOWN<br>USAA                                    | INSURANCE COMPANY<br>USAA                              | 4 - DISABLING                    |                  |
| POLICY NUMBER<br>0027783974                        | TOWED BY  |  | 9 - UNKNOWN                      |                  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP            |   |  | CARRIER PHONE- INCLUDE AREA CODE |                  |

|                   |  |   |  |
|-------------------|--|---|--|
| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL<br>09 - PILE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION<br>4<br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTIGUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPERFECTED (PAINTED OR GRASS 4 FT.) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELEASED  |   | ☐ HIT / SKIP UNIT  |

|  |  |   |   |   |   |
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| NON-MOTORIST LOCATION PRIOR TO IMPACT<br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDDLEBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/RoadSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br>☐ IN EMERGENCY RESPONSE | UNIT TYPE<br>02<br>99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN (2-6 AXLES)<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTALE)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TROUSERS<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
|  |  |   | ☐ HAS HM PLACARD  |   |   |

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| SPECIAL FUNCTION<br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br>02<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL/ALL ARIAN<br>14 - OTHER | ACTION<br>9<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTIONS<br>99<br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER NON-MOTORIST ACTION |
|---|---|--|--|

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|---|---|---|--|
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br>99<br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN UNLAWFUL MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SHEDDING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR (ILLEGALLY IN ROADWAY)<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORK OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
|---|---|---|--|

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|---|---|
| SEQUENCE OF EVENTS<br>1 20 2 3 4 5 6<br>FIRST HARMFUL EVENT 1<br>MOST HARMFUL EVENT 1<br>99 - UNKNOWN | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLL-OVER<br>02 - FIRE/EXPLOSION<br>03 - IMBROSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BROKEN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
|---|---|

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| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIPPING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATION/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
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| UNIT SPEED<br>0<br>POSTED SPEED<br>35<br>TRAFFIC CONTROL<br>12<br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSINGS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM 4 TO 3<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
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# UNIT

LOCAL REPORT NUMBER  
**2013-117146**

|   |  |   |                          |   |
|---|--|---|--------------------------|---|
| UNIT NUMBER<br><b>102</b>   | OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER<br><b>DUGGAN DAVID W</b> | OWNER PHONE NUMBER - INC. AREA CODE <input type="checkbox"/> SAME AS DRIVER | DAMAGE SCALE<br><b>2</b> | DAMAGED AREA<br>  |
| OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER |  |   | 1 - NONE                 | FRONT<br>09<br>02<br>03<br>08<br>10<br>04<br>07<br>06<br>05<br>REAR |
| LP STATE<br><b>OH</b>   | LICENSE PLATE NUMBER<br><b>ESK 3812</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>11FMCU40D65AKA70393</b>                 | 2 - MINOR                |   |
| VEHICLE YEAR<br><b>2010</b>   | VEHICLE MAKE<br><b>FORD</b>  | VEHICLE MODEL<br><b>ESCAPE</b>  | 3 - FUNCTIONAL           |   |
| VEHICLE COLOR<br><b>BLACK</b>   | INSURANCE COMPANY<br><b>WESTERN RESERVE</b>  | POLICY NUMBER<br><b>WV3401234643</b>  | 4 - DISABLING            |   |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>            | TOWED BY   | CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                     | 9 - UNKNOWN              |   |

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|-------------------|--|--|---|
| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br><b>1</b><br>1 - LESS THAN OR EQUAL TO 10k LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><b>01</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSURE BOX<br>08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br><b>4</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPAVING (PAINTED OR GRAVE (4 FT.) MEDIUM<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIUM BARRIER<br>5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED   | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN  | <input type="checkbox"/> HIT / SKIP UNIT  |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><b>01</b><br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>06</b><br>99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN TRAILER, 6 TIRES<br>14 - SINGLE UNIT TRUCK, 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDIKUR/SCOOTER<br>27 - OTHER NON-MOTORIST |
|  |   |  | <input type="checkbox"/> HAS HM PLACARD   |   |   |

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| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10k LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>06</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL/ALL AREAS<br>14 - OTHER | ACTION<br><b>9</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTIONS<br><b>99</b><br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | Non-Motorist<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>99</b><br>SECONDARY<br><b>00</b><br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LIGHT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | Non-Motorist<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><b>00</b><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
|--|---|--|---|---|

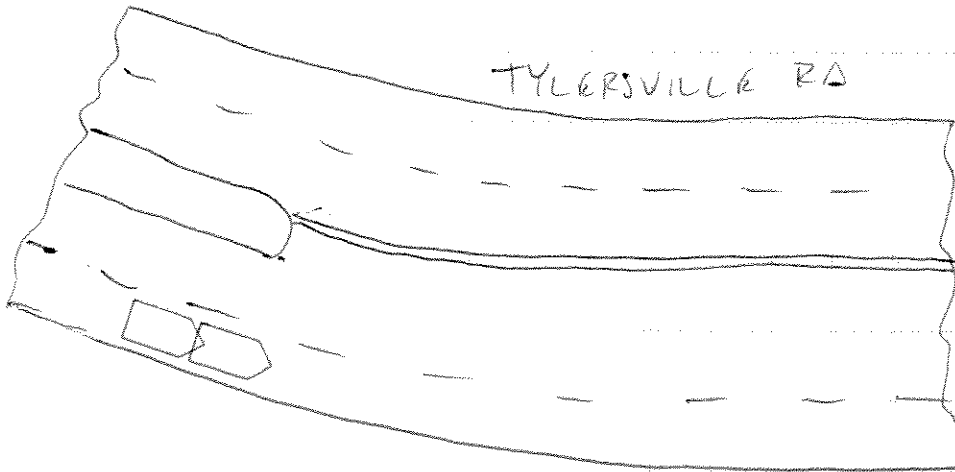
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|---|---|--|---|
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN | Non-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT | 06 - EQUIPMENT FAILURE (BLOWN TYRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
|---|---|--|---|

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|--|---|---|--|--|--|
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT | 21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT | COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATION/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINAIRIES SUPPLY<br>40 - UTILITY POLE | 41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX | 48 - TREE<br>49 - PIPE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
|--|---|---|--|--|--|

|                         |                           |   |   |   |  |
|-------------------------|---------------------------|---|---|---|--|
| UNIT SPEED<br><b>91</b> | POSTED SPEED<br><b>35</b> | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE | 07 - RAILROAD CROSSINGS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>4</b> TO <b>3</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
|-------------------------|---------------------------|---|---|---|--|



|                                 |   |                                     |
|---------------------------------|---|-------------------------------------|
| LOCAL REPORT NUMBER<br>13-13146 | REPORTING AGENCY<br>MASON POLICE                          | DATE OF CRASH<br>M 05   D 09   Y 13 |
| IN COUNTY OF<br>WARREN          | CRASH LOCATION<br>TYLERSVILLE RD NEAR MASON MONTGOMERY RD |                                     |



NOT TO SCALE

|                          |                      |
|--------------------------|----------------------|
| OFFICER'S SIGNATURE<br>X | BADGE NUMBER<br>1237 |
|--------------------------|----------------------|



|                                 |                                  |                                     |
|---------------------------------|----------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>13-13146 | REPORTING AGENCY<br>MASON POLICE | DATE OF CRASH<br>M 05   D 09   Y 13 |
|---------------------------------|----------------------------------|-------------------------------------|

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kayla Gonderman HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT Tylersville + Mason Montgomery  
OFFICER'S NAME LOCATION

Driver of Ford Escape backed up into my car at a red light on Tylersville rd.

Q: were you wearing your seat belt?

A: yes

|  |                          |
|--|--------------------------|
| ADDRESS OF WITNESS<br>5519 woodvalley ct. Mason Ohio | PHONE<br>513-348-7574    |
| SIGNATURE OF WITNESS<br>X                            | OFFICER'S SIGNATURE<br>X |

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                                 |                                  |                                   |
|---------------------------------|----------------------------------|-----------------------------------|
| LOCAL REPORT NUMBER<br>17-13146 | REPORTING AGENCY<br>MASON POLICE | DATE OF CRASH<br>M 05 10 09 14 13 |
|---------------------------------|----------------------------------|-----------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Meredith Duggan (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Fitzgerald (OFFICERS NAME) AT Tylersville + Mason Montgomery (LOCATION)

I was stopped at site of accident - fast on break with car in drive when I felt a jolt from the rear. I got out of car & the car behind me was smashed into my car - I then called the cops.

Q: Did your vehicle ever move to the rear during this incident?  
 A: NO

Q: were you ever in reverse?  
 A: NO

Q: were you wearing your seat belt?  
 A: YES

|  |                                   |
|--|-----------------------------------|
| ADDRESS OF WITNESS<br>6322 Luena Way Mason, OH 45040 | PHONE<br>513-280-2269             |
| SIGNATURE OF WITNESS<br>Meredith Duggan              | OFFICERS SIGNATURE<br>[Signature] |